

## Respite Services Protocol Checklist

Service Recipient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, First)

Reviewer's Name \_\_\_\_\_ Date Request Submitted \_\_\_\_\_  
(Last, First)

### Technical Review

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If <b>YES</b>, continue to Question #1.</p> <p>If <b>NO</b> and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1.</p> <p>If <b>NO</b> based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.</p>
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### A. Respite Services

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the service recipient currently receiving residential services (i.e. Supported Living, Residential Habilitation, Medical Residential Services, Family Mode Residential Support)? (A. 1)</p> <p>If <b>YES</b>, deny as <b><u>non-covered service</u></b> based on waiver definition.</p> <p>In addition deny any requested amount which exceeds 30 days (i.e., 30 dates of service) per program year.</p> <p>If <b>NO</b>, proceed to question #2.</p>
2. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is there documentation that the service recipient caregiver needs relief from routine care giving for reasons other than health or medical issues involving the caregiver? (A.2)</p> <p>If <b>YES</b>, approve (subject to the waiver service limit of 30 days per service recipient per program year) in accordance with the following: (A.2)</p> <ul style="list-style-type: none"> <li>a. <b>Less</b> than 8 hours per day, reimbursement rate based on unit of 15 minutes. (Note: 960 units/240 hours maximum per program year)</li> <li>b. <b>More</b> than 8 hours per day, reimbursement rate based on daily per diem rate up to 30 days per program year.</li> </ul> <p><u>Deny</u> as a <b><u>non-covered service</u></b> any portion of the requested amount of Respite services which <u>exceeds</u> the waiver service limit of 30 days per service recipient per program year.</p> <p>If <b>NO</b>, proceed to question #3.</p>

3. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is there documentation that the caregiver is absent due to death, hospitalization, illness, injury or medical appointments or will be absent or incapacitated due to death, hospitalization, illness, injury, or medical appointments? (A.3)</p> <p>If <b>YES, approve</b> (subject to the waiver service limit of 30 days per service recipient per program year) in accordance with the following:</p> <p>a.      <b>Less</b> than 8 hours per day, reimbursement rate based on unit of 15 minutes(960 units/240 hours maximum per program year)</p> <p>b.      <b>More</b> than 8 hours per day, reimbursement rate based on daily per diem rate up to 30 days per program year.</p> <p><u>Deny</u> as a <b><u>non-covered service</u></b> any portion of the requested amount of Respite services which <i>exceeds</i> the waiver service limit of 30 days per service recipient per program year.</p> <p>If <b>NO</b>, deny as a <b><u>non-covered service</u></b> any portion of the requested amount of Respite Service which <i>exceeds the waiver service limit of 30 days per program year</i>.</p>
<input type="checkbox"/> <b>Approved</b>	
<input type="checkbox"/> <b>Denied</b>	Criteria _____ not met.